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ABSTRACT

Within a standard format the details of instruction and training in various areas (units) of information and referral (I and R) services are given for Social Security Administration workers. Each unit is specified by the following categories: objective, special consideration, background, presentation, participation, review, and examples. There are 14 units concerned with basic knowledge of the community, resources file and supplementary material, I and R interviewing skills, diagnosing needs, resources, diagnosing specific needs, income maintenance, emergency assistance, housing, health services, medical assistance program, nursing homes, hospital and health equipment, rehabilitation services, child and family services, drug abuse, court system, legal services, alcoholism, mental health, and a final unit on I and R interviewing skills. (WH)

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WRITTEN FOR SSA BY:

THE HEALTH AND WELFARE COUNCIL
OF CENTRAL MARYLAND, INC.

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INFORMATIONAL AND REFERRAL SERVICE TRAINING

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Unit I: ORIENTATION--BASIC KNOWLEDGE OF COMMUNITY

OBJECTIVE: To gain an overall view of the social welfare framework in the SSA service area, with emphasis on the structure and interrelationships of governmental and voluntary (privately financed) agencies and organizations providing diverse services to the community.

PRESENTATION: It is suggested that arrangements be made for a speaker to discuss this subject with sufficient time for questions and answers. The most knowledgeable speaker may be a representative of the local United Way agency (it may be called United Fund, Community Chest, United Community Services, Health and Welfare Council, or a similar name, as listed in the United Way Directory). Other possibilities are: County council or association of community services, local department of economic development, or Chamber of Commerce.

PARTICIPATION: Questions and discussion

REVIEW: The importance of reviewing the information obtained in this session as background for each ensuing unit should be stressed, as well as its significance in making appropriate, rather than random, referrals of clients to agencies.

Unit II: RESOURCES FILE AND SUPPLEMENTARY MATERIAL

OBJECTIVE: To become familiar with the resources file, especially the subject index, and the supplementary resource materials in order to be able to: (1) locate all services available in the community which are potential sources of help to the client when making referrals; and (2) to identify information acquired in working with clients which should be channeled to the proper SSA source for addition to the resources file.

PRESENTATION: Summarize the following points which are pertinent for using the resources file. Demonstrate the use of the resources file if part or all of it is available. If the file still is being compiled, staff should be kept informed of its progress and may be able to take part in gathering information on resources.

1. File format
2. Method of indexing
3. Updating
4. Any supplemental reference material

SPECIAL CONSIDERATION: Note action required for next topic.

PARTICIPATION: If file is partly or fully compiled, staff can look at information contained in master alphabetic file entry and become acquainted with subject file headings and format; otherwise, discussion and questions.

REVIEW: Emphasis should be placed on where and how to locate resources. Although the staff will become familiar with at least the services of major agencies in the SSA service area, only by consulting the resources file can an interviewer be certain that a potential source of help for a client has not been overlooked. Knowing how to use the resources file underpins all subsequent units.

Unit IIIA: INTRODUCTION TO I&R INTERVIEWING SKILLS

OBJECTIVE: To develop sensitivity and judgment in interviewing clients in order to: (1) diagnose a client's needs, both spoken and unspoken; (2) elicit sufficient information to refer a client to the appropriate services provided by community agencies and organizations; and (3) make referrals in such a way that the client is likely to utilize these services.

SPECIAL CONSIDERATION: Before this unit, the participants should have read the following source material.

PRESENTATION: Lead discussion of the following source material on I&R interviewing. Summarize material, section by section, stressing the critical nature of the interviewer's attitudes every step of the way from initial exploration of needs through successfully "closing" the referral, that is, not only referring the client to an appropriate source of help but doing so in such a way that he is likely to utilize the help available. Also point out the requirement and procedure for reporting to the manager each inquiry demonstrating the need for a type of service which is lacking in the community, even in cases where the client's situation can be ameliorated by utilizing other sources of help.

PARTICIPATION: Discussion of the source material on I&R interviewing skills.

REVIEW: Emphasize the importance of interviewer's attitude toward the client, no matter how bizarrely expressed his need for help. Also underscore the importance of source material on interviewing skills as background for all subsequent units.

UNIT III SOURCE MATERIAL: I&R INTERVIEWING SKILLS

Every interview is a two-way communication to accomplish a specific purpose. In information and referral interviewing, the emphasis is on exploring the total needs of a person seeking help rather than the focus being primarily on obtaining the information necessary for SSA program-related actions. The purpose of an I&R interview is to: (1) diagnose the client's total needs; (2) refer the client to the appropriate agency or agencies which administer programs (including those of SSA) providing the help he needs; and (3) facilitate the client's utilization of the services available to alleviate his problem. The attitudes of the I&R interviewer are extremely important in assuring successful referrals, especially in discussing sensitive subjects with a client and in encouraging a client to utilize a service which meets his need but which he is reluctant to accept. I&R interviewers can aid in community planning by identifying gaps in community services.

Attitudes of Interviewer

Begin the interview by putting the client at ease and reassuring him, by attitude and manner (but not in so many words), that you are a responsible, trustworthy, competent person who is going to treat the client with respect and with confidentiality. You should be able to project an attitude of concern and acceptance, a willingness to listen.

The client being interviewed needs to be treated with respect and with dignity, no matter how frivolous, how shocking, or how poorly or crudely expressed his need may sound. Don't let him see amusement, shock, or disgust on your face, or hear it in your voice. You may have to help the client say difficult words, some of which may relate to sex and medical problems, while others may involve criminal acts or matters which are not discussed freely in our society. Many people do not know the proper names for parts of the anatomy and can only describe them in slang or "street language." (An inexpensive paperback book The Underground Dictionary, Eugene E. Landry, Touchstone, 1971, is helpful in understanding current slang and "street language.")

If you can say the difficult words matter-of-factly, without embarrassment, it will help the client to deal with his own concerns about them. You must suspend your private opinions and feelings, accept the client as he is, and discuss the client's problem on a factual level, without conveying by word or expression any moral evaluations. The client is asking for your help (for himself or someone close to him), and he needs and is entitled to factual information about sources of help, no matter what the problem is.

The person with a problem needs to be treated as an individual, not categorically as a member of an age, ethnic, racial, or religious group, even though you should be aware of the general kinds of problems encountered by members of certain groups.

Let the client tell his story. Listen attentively to what he is saying. Help him to clarify important information as he goes along, but let him tell his story--it's his problem.

Be a creative listener. As the client describes the help he needs, keep in mind the kinds of help available and the various eligibility requirements (or where to find out about them). A client may have to be told often that the kind of help he is asking for is not available, at the same time guiding him toward accepting some alternative type or source of help which does exist in the community.

Asking for help is difficult: there is often fear, embarrassment, frustration, and anger. People express these feelings differently, and the feelings can interfere with the client's ability to make use of available help. The interviewer needs to be sensitive to the client's emotional stress and help the client to accept help.

You should acknowledge the feelings expressed by the client, give recognition to the way the client feels about things, and his rights to have such feelings, but not react to these feelings personally.

Be a sensitive listener. Read between the lines. A client may ask for help for only a small part of his total problem. Develop leading questions to encourage him, such as "Is there any other way I can help you" or "Are you sure there is nothing else I can do to help you? That's may job, you know."

It is no disgrace to tell a client "I don't know, but I'll find out and call you back" (and do so). Having to look up something is not a reflection on your competence; massive amounts of detailed information which changes rapidly are being dealt with. It is better to take time to verify information than to risk giving incorrect or incomplete information.

You need to know yourself, particularly to be aware of what "gets under your skin," what behavior or attitude of a client you find most difficult to tolerate. It may take special effort not to lose your temper or to "tell someone off," recognizing instead that the client's behavior is not really directed at you. Some find anger hardest to handle, others being "put down"; others cannot stand the slow or "stupid" person or the manipulator.

Handling Sensitive Subjects: Examples

A fairly frequent inquiry received by telephone is a young-sounding male voice asking "Where can I go to find out if I have a disease?" The experienced I&R interviewer will guess immediately that he is asking about a venereal disease clinic, but that he is embarrassed to say the words. You, without hesitation, which might be interpreted as shock, should reply as matter-of-factly as possible that there are a number of clinics available, including clinics for tuberculosis, venereal disease, and so forth, depending on the particular medical problem. If he does not respond: "VD, that's it," then you may have to say the words for him asking: "Do you want a venereal disease clinic?" If he answers "Yes," provide the locations and hours of the clinics in a business-like manner, and the call is terminated with dignity.

The young female voice that asks "Where can I get an abortion?" is another frequently encountered example. The handling of this inquiry varies according to local laws, but in every case a referral should be made to an agency which will see that she gets medical attention and personal counseling, whether to the local health department, to the Planned Parenthood Association, or to a special clinic available in the community. You rarely should provide direct information about abortion services, but rather refer the client to a service which provides abortion counseling and referrals.

If the client's problem appears to make him a danger to himself or others (suicidal or homicidal), you should consult your manager about possible immediate referral to police or mental health authorities for protective custody. This is a matter of judgment in the individual situation, taking into consideration the local legal and medical provisions for such custody.

Interviewing Pitfalls

If the person making the request for help is not closely related to the client or does not appear to be an authorized spokesman in his behalf, it may be necessary to request that the client contact the office directly. The client is the person who needs the help; he sometimes needs to have his privacy protected from a relative or neighbor who is meddling. On the other hand, help is not to be denied someone who is helpless or alone when an interested person seeks help for him. This is a matter for judgment.

If a client asks for obviously inappropriate help, such as the address of the Governor so he can write a complaining letter, the information he requests should be given to him, but you should continue to discuss with him the problem and what can be done about it in a more constructive way.

A client also may ask help that is not so obviously inappropriate. Beware of spending a great deal of time tracking down a source of help which the client cannot use. For example, a client who is unhappy living with a relative may request help in locating an apartment, perhaps in a building for senior citizens, when, in fact, he is no longer capable of living alone; it may take some interviewing skill to guide him toward accepting that fact, and the eventual referral might be to a nursing home.

Gaps in Community Resources

When no agency in the community can be found to provide help for a particular need, you should recheck to be certain that no formal resource has been overlooked. Next, all sorts of informal resources should be explored, such as church- or organization- or employment-related affiliations which might provide help to a particular client, for example, a member of a union. You need to know enough about the problem to apply ingenuity and creativity to its solution. Sometimes just allowing the client time to discuss the situation fully and think it through aloud will enable the client to recall some previously overlooked source of help. You must create the atmosphere in which the client can organize his thoughts and work out his own problem, with the help of a concerned, interested, and informed person (yourself).

When a problem cannot be solved directly, perhaps it can be solved indirectly. For example, if funds cannot be found for a specific need, perhaps other kinds of assistance (such as food stamps) will free a portion of a person's income for use on the unsolved problem.

Even when such a source of help can be found to ameliorate the problem, a notation should be made of the need for a type of service for which resources are lacking in the community. Gaps in community services so identified, together with the number of inquiries about each, should be given periodically to the manager for his use in community service activities, with the eventual goal of helping community agencies plan to meet these needs.

Making the Referral

It is inappropriate to refer a client to another agency if he is already a client of an agency which could provide him the needed service. You should inquire about the client's relationship with other agencies before making a referral. Many clients receiving financial assistance from the social services or welfare department; for example, do not know that agency offers many other services.

Get enough information to determine roughly a client's eligibility for help (only the agency can make an accurate determination), but avoid getting too much or nonrelevant information. Explain why you are asking for information which touches sensitive areas.

When you refer the client to an agency to apply for help, prepare him by telling him what information he will need to take along, what the procedure involves, whether he should expect to wait, how long it takes to get action, and the like. It helps to be able to give the name of a contact person at the agency, although it is not always possible.

Ask the client to call back or come back if he runs into problems obtaining help from the agency you referred him to. He may need help understanding their requirements for eligibility or in presenting his case, or the agency may have some internal problems, such as a budget cut, which interfere with their providing a customary service.

Refer to CM 9303.5 Referral Form and instructions for its use in CM 9303.2.

Unit IIIB: I&R INTERVIEWING SKILLS: LOST SSA CHECK

OBJECTIVE: To develop interviewing skills by relating them to handling a request for emergency help as a result of a lost SSA check.

SPECIAL CONSIDERATION: If a nonreceipt or lost check case be readily identified, it can be used to illustrate this unit.

BACKGROUND: Unit IIIA source material on I&R interviewing skills and Unit II source material on resources file and supplementary material.

PRESENTATION: Using the material on the next page, lead a discussion to illustrate the interviewing skills required in referring a client whose SSA check has been lost to sources of emergency help. Pinpoint the importance of interviewing skills by seeing that each of the following questions is answered (they correspond to the three steps involved in making a referral): (1) What does the client need because the check was lost? (2) What information should be obtained from the client in order to match his needs to help available? (3) What impact can the interviewer's attitude have on the client's making use of the source or sources of help to which he is referred? Demonstrate use of the resources file, if available, including checking for possible special arrangements between SSA and a local agency for handling such a contingency. If there are clearly gaps in community services to meet such emergency needs, mention the procedure for reporting these to the manager, and work through exploration of alternative informal sources of help, as described on the following pages.

PARTICIPATION: Discussion of how to handle referrals for problems associated with a lost SSA check

REVIEW: Note the frequency with which this exact problem will be encountered as well as citing it as illustrative of interviewing skills needed in making complex referrals.

Example: Lost SSA Check

The I&R interviewer must deal with the results of a lost SSA check as well as the fact of its loss. The result the interviewer will most often be called upon for help in handling will be lack of money for the basic necessities--food, rent, utilities, heating fuel, and the like.

If there is an arrangement between SSA and a local I&R service for that service to handle such SSA inquiries, the client should be directed to telephone the I&R service or visit the office, or the interviewer may call the I&R office to obtain the information and pass it along to the client.

If not, the interviewer should discuss with the client the immediacy of his need and match his need to services available from community agencies. If the interviewer is not familiar with the sources of help, he can tell the client he will have to check to find out. The client may be asked to wait, to leave his telephone number for a callback, or to call the interviewer at a specified time when the interviewer will have obtained the information. He then will consult the subject index of the resources file, checking whether there are any special agreements between SSA and a local agency (probably department of social services or welfare) for handling such a contingency. If the ideal resource is not found there, the interviewer then may talk over the problem with his supervisor or the local SSA resources coordinator, or discuss it with a co-worker who recently handled a similar case, or telephone one or more agencies.

The match between problem and service frequently is not perfect. When there is no single resource to meet the need, the various alternative sources of partial help to alleviate the client's problem must be considered. Are there agencies, such as Salvation Army, Saint Vincent de Paul Society, or Lutheran Social Services, which will provide a temporary emergency grant of money to fill in the gap resulting from the check loss, or supply food or rent money or the like to somewhat alleviate the client's problem? Does the client live in an OEO target area? Is he now or has he in the past been affiliated with any organizations which might supply some help, such as a veterans' club, trade union, lodge, ethnic association, or religious institution? The client may be able to--and may prefer to--check out the latter type of potential sources of help himself. Or the interviewer may have to make numerous telephone calls on his behalf. The client is not abandoned when resources are hard to find. Some kind of help is sought, even if it might not meet the entire need.

The above process can be very time-consuming, especially the first time a specific problem arises. Once the interviewer gains experience through repeated handling of the same kind of problem, he becomes more skilled at asking the right questions and more knowledgeable about available resources and, therefore, acquires some speed, although some aspects of I&R just cannot be hurried.

The interviewer must see that any information gained during this process which is not already in the resources file be added to it, even negative results, to avoid having to repeat the entire search procedure in the future. In addition, identification of a gap in community resources must be recorded.

Unit IV: DIAGNOSING NEEDS--EXPLORING OTHER IMPLIED NEEDS

OBJECTIVE: To acquire the sensitivity to distinguish when a client's request for simple information indicates that unspoken needs may exist which should be explored. Also to acquire skill in exploring whether other help is needed by a person requesting only information.

BACKGROUND: Unit III Source Material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, using all or only those most pertinent in the SSA service area. It is very important how these are to be "presented." Voice inflections, facial expressions, and other non-verbal communications would play an important part. Utilizing Unit III source material on I&R interviewing skills, guide the discussion by asking the following question in relation to each hypothetical inquiry: Does the request for information indicate the need for more than information? For example, the need for financial assistance may underlie the inquiry about discounts on medicine. The man speaking a foreign language may need more than an interpreter. The confused person who doesn't even know which agency he is trying to reach may need other help with a problem. In this session, it is necessary only to identify those of the hypothetical inquiries which indicate additional unspoken needs. Through role playing or discussion, guide the exploration of such needs. Call attention to techniques to give the caller an opportunity to divulge further information without violating his privacy. The interviewer may ask: "Is there any way we can be of help to you; our job is to put people in touch with the community agencies that can help with problems." At the same time, point out that not all interviews will call for a referral. The majority of the interviews <u>will</u> be for strictly social security purposes.

PARTICIPATION: For each hypothetical inquiry, consider carefully what help the client needs, spoken and unspoken. Is the request for information simply that, or are other needs implied?

Role play one of the cases. Evaluate effective ways to explore unspoken needs of a client who initially requests only an item of information.

HYPOTHETICAL INQUIRIES:

1. Who is my Congressman; how do I send him a letter?
   (Is there a topic of concern to us?)

2. Do retired people get discounts on medicines?
   (Is the person on Medicare or receiving Medicaid?)

3. Do older people get reduced rates on the city buses?
   (May be a real need.)

4. Who do I talk to about my landlord raising my rent?
   (Is there a financial need?)

5. I want to get in touch with my worker, but I lost her number. (Which agency?)
   (May be a real need.)

6. Where can I cash my check? I've been to four banks and they all say they cash checks only for their own customers, and I don't have a bank account. The grocery store won't cash it either.
   (May be a real need.)

7. Is this the health and welfare office? Or the health department or welfare department or health and welfare fund (of a trade union) or US health department (DHEW) or health and welfare council?
   (What is the problem?)

8. Where can I find out about summer camps for my child. I've called half a dozen places, and nobody seems to know. They all tell me to call somebody else, and I feel I'm getting the run-around. (May be a real need.)

REVIEW: Stress importance of the sensitivity of the interviewer in differentiating between a simple request for information and one which implies the need for additional help.

Unit V: INFORMATION-GIVING--RESOURCES

OBJECTIVE: To develop skill in providing accurate, up-to-date, comprehensive information about community resources to those seeking it.

BACKGROUND: Unit II source material on the resources file and supplementary material and Unit IV for hypothetical inquiries.

PRESENTATION:

1) Arrange for a speaker knowledgeable about a large-scale information-giving operation if there is one in the area, such as a reference librarian from a large library with a telephone information service or a federal information center. Ask that the speaker specify the directories and similar reference materials most frequently used to guide selection by the SSA office or those it is desirable to acquire.

2) Lead brainstorming session on where to obtain information requested in each of the hypothetical inquiries in previous unit. Focus on the resources file and the supplemental reference material section of the Unit II source material. Point out that even an inquiry for information only can tax the ingenuity of the interviewer, such as the request for an interpreter. For information not contained in the resources file or reference directories and the like available in the SSA office, the following potential sources can be checked if they exist in the community:

Information & Referral Service
(if there is one in the community)

Library

Federal Information Center

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discuss sources of information for each hypothetical inquiry, using resources file and supplementary reference materials.

REVIEW: Emphasize need for familiarity with resources file and supplementary references list, as well as general awareness of informational resources, such as a library, in the community which can be utilized when additional information is needed.

Unit VI: DIAGNOSING SPECIFIC NEEDS

OBJECTIVE: To acquire skill in diagnosing the needs of clients with problems relating to specific needs, and distinguishing between the request for help as expressed by a client and the actual needs of the client.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries at random, using all listed or only the most pertinent in the SSA service area. Utilizing Unit III source material on I&R interviewing skills, guide the discussion by asking the following questions in relation to each hypothetical inquiry:

1) What are the client's expressed needs?
2) Does the interviewer need more information than the client has given to diagnose his needs? If so, what information?
3) Are there possibly other unspoken, implied needs? What are they?
4) Is the client the person calling or someone else who should be contacted directly?
5) How and to what extent should the interviewer explore the client's total needs?

These topics are not all inclusive. They are, however, some of the more common needs and should serve the purpose.

Alternatively, guide role playing to demonstrate interviewing techniques for diagnosing the client's needs, seeing that the above questions are considered.

PARTICIPATION: Discussion or role playing of each hypothetical inquiry, considering carefully what help the client needs, both obviously and not so obviously, and how to go about getting all information necessary for diagnosing the help he needs.

HYPOTHETICAL INQUIRIES:

A. Income Maintenance; Emergency Assistance

1. My check didn't come. I called last week and you said to call back after the 6th if it still didn't come. Today is the 7th, and it isn't here yet.

2. We can't make ends meet. Living costs are so high, and our Social Security check isn't enough for the two of us to live on.

3. My husband has been sick and unable to work for a long time (not eligible for DIB). We're back in our rent, and the landlord has given us an eviction notice.

4. My husband's company has been shut down by a strike 4 weeks now. We've used up all our savings and have no money left to buy food or pay our bills.

5. I cut my hand on my job, and haven't been able to work. How can I live?

6. We had a fire early this morning, lost all our clothes and furniture. Where can we get help?

7. I was held up and robbed one night last week. They beat me so badly I had to go to the hospital. Now I'm home, but still unable to work. I need money to live on.

8. I've been getting Social Security for Billie ever since his father was killed. Billie died last night. The undertaker says it will cost $500 for the funeral and all. I don't have that kind of money. He is just a baby; how can it cost so much?

9. There's a young man here in the office. Just got out of prison, and needs a place to stay. Where can he get a job with a prison record? He has $20 in his pocket; what is he going to live on?

B. Housing

1. We got an eviction notice and must move in a week. Where can we go?

2. Our landlord won't repair the furnace, and we have no heat.

3. The XYZ Realty refused to rent an apartment to us, and I think it was because we are black. They said they had no vacancies, but I know they have at least three apartments empty right now.

4. How do you apply for an apartment in the new high-rise for the aged?

5. My mother is getting old, but she refuses to leave her house, and she isn't able to take care of things alone. What can I do?

6. Our neighbor has three dogs tied in the backyard and never cleans up after them; the stench is something awful, now the weather is hot.

7. How much, or how little, income do you have to have to get into a project?

8. We were burned out last night. We need a place to sleep. We need a lot of other things, too, but right now a place to go for the night tonight. There are six of us: four kids and us.

9. I heard there was a program to help low-income families buy a house. Where can I find out about it?

10. We have eight children. The house we've been living in has been condemned, and we have to get out. Nobody will rent to us when they find out we have eight kids. And the rents are all too high -- all we get is our welfare check, and it won't pay $150 rents.

C. Health Services; Medical Assistance Program; Nursing Homes

1. My aged mother had a stroke and needs constant nursing care. Can she be cared for in her own home, or does she have to go to a nursing home? She would have to have a nurse around the clock.

2. My father's doctor says he must go to a nursing home. How do we find one, and how do we know if it is a good one or not?

3. My father has been in a nursing home ever since he was moved there from the hospital. Now his Medicare has run out, and we can't afford to keep him there.

4. I am a diabetic and have a heart condition. My medicine costs as much as $35 a month, and I can't afford to buy it.

5. My son was in an auto accident and his hospital bill is going to be tremendous. How can we pay it on our limited income?

6. I'm due to have a baby in 2 months. The hospital says we have to pay $400 in advance, or I can't continue using their clinic or deliver the baby there. We don't have that much money because my husband was out of work for a while, and now we can't catch up on all our back rent and things. What will I do?

7. Is there a dentist who will treat a spastic paralysis patient?

9. We are new in town, and I need to locate a good pediatrician.

D. Hospital and Health Equipment; Rehabilitation Services

1. My mother needs a hospital bed in the house so she can come home from the hospital.

2. My brother is going to be permanently disabled. How can he get a wheelchair? He will also need physiotherapy when he comes home.

3. My father has emphysema. He needs to have oxygen at home when he leaves the hospital. It costs $45 a month, they say, and we can't afford that.

4. My uncle is so hard of hearing that he feels shut out of things. Can somebody help him get a hearing aid? And batteries for it?

5. My son in school needs new glasses. I'm on welfare and can't afford to buy them for him.

6. My brother had a jaw injury when he was in the service. It's giving him a lot of trouble now, and he's afraid it means a lot of expensive dental work. Won't the VA take care of him? His false teeth need to be replaced, I guess.

7. My brother had to have a leg amputated, and he can't do the work he used to do. Is there some way he can get training to earn a living? Can he get an artificial limb?

8. My son was injured in a car accident in another state. He is still in a body cast, but the doctors say he can be moved back to a hospital here at home now. How can we get him moved?

E. Child and Family Services

1. My neighbor spends her time in bars, lets her children run the streets. They come to my house and beg for food and to use the toilet and to get warm.

2. An aunt calls about a three year old boy, who is an SSA beneficiary with a Representative Payee. He has been hospitalized for the second time after "falling down the stairs." The aunt wants to become the payee, alleging abuse by the mother.

3. I have a retarded son. The YMCA camp out in the county will take him for 8 weeks this summer if he can get out there. He needs someone to pick him up downtown, take him out, and then bring him back at night, for 8 weeks.

4. Young female voice on phone: "What kind of help is available for someone who is going to have a baby?" -- is pregnant?

5. Can you get an abortion in this state? Where?

6. Can you give me the name of an adoption agency?

F. Drug Abuse; Court System; Legal Services

1. My brother is on dope. He wants to get help, but all the treatment programs are filled up.

2. My granddaughter is using drugs, we think. She is like a different person lately. She lives with us, and we don't know what to do.

3. My brother is in jail. He got busted for drugs last night, and we can't afford a lawyer for him.

4. We got a 14-year-old girl here, says she ran away from home. Is there a place she can stay, someone who can help her?

5. My daughter got arrested on a shoplifting charge. Her trial comes up next week. Is there some school or place she could be sent to help get her straightened out so they don't send her to reform school?

6. My 13-year-old daughter has got me so worried! She hooks school, goes downtown with a bunch of kids, doesn't listen to me anymore, and doesn't have a civil word for anybody around the house. The school called me in and said I should take her to see a phychiatrist.

7. There's a guy hanging around my son's school. I think he is a pusher. Is there some place I can report him without giving my name?

8. Do you have to have a lawyer to write a will? I can't afford a lawyer's fees, but I've been in poor health and want to put my affairs in order.

G. Alcoholism; Mental Health

1. A DIB beneficiary comes into the office to ask for money to live on the rest of the month. He is a chronic alcoholic who drinks up his check every month as soon as it arrives.

2. My husband has been on a bender. He came home last night and smashed up the dishes and some furniture and ripped up a lot of my clothes. I called the police, but they said there wasn't anything they could do unless I would sign charges. I don't want to put him in jail, but get him into a hospital for treatment.

3. My husband shut himself in his room and won't come out and won't let anybody in. He's got all the blinds down, and I'm afraid he might hurt himself. He acted like this several years ago and had to go to the state hospital for a while. He's been hearing voices, and says people are trying to poison him, so he stopped eating several days ago, and now he's shut himself up in the bedroom.

4. I just got out of the (mental) hospital and want my check paid to me again. The doctors say I'm OK, but I'm so nervous and just don't know what I'm going to do. I need a place to stay--I can't stay with my sister's family because they have so many kids and I can't stand the noise. I'd like a little job, or something, to pass the time. I get so nervous with nothing to do all the time.

5. I want to know where I can report a conspiracy to kidnap the President. I can't trust the FBI--I called them and they just laughed at me. But I know what they're up to. I hear them talking about it all the time. They say some awful things, but I hear them plotting, and I know they're just waiting their chance to get him . . .

6. My niece stays with me since her mother died. She's a good girl, just 11 years old, but she is too quiet. And now she is acting funny. She won't talk and hardly eats anything, just sits in the chair and looks down at her hands. She won't go to school, and I'm worried about her.

REVIEW: Emphasize sensitivity and judgment required in interviewing, particularly the knowledge and skill needed to identify and conduct interviews with psychotics, and the procedure for dealing with a client who is potentially dangerous to himself or others.

Unit VIIA: INCOME MAINTENANCE; EMERGENCY ASSISTANCE--RESOURCES

OBJECTIVE: To identify resources which exist in the community to help clients who need financial assistance on a continuing basis or emergency assistance.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION:

1) Arrange for a speaker from the major agency providing income assistance, on both a continuing and an emergency basis, to clients within the SSA service area, probably the staff member in charge of applications at the local department of welfare or social services. He should be asked specifically to discuss the "feel" of the agency, with emphasis on the procedure an applicant goes through to obtain services of the agency. He should cover what the process of application involves, what clients go through during the process, how long they must wait, data they should bring along to facilitate the process, how long it takes for decisions to be made, and the service or the first check received, rights of appeal, administrative interpretations of crucial terms (such as "emergency", "dire need"), and what days of the week or what hours are best. Income eligibility tables and other technical information in written form should be obtained for SSA employees to consult in making referrals, but not discussed in detail. Any agreements made between the agency and SSA for methods of handling referrals should be covered. If there is sufficient time, he should be asked to mention other agencies in the community which also provide some type of financial assistance, probably in specific emergency situations.

2) Lead brainstorming session on resources existing in the community which are potential sources of help to clients needing financial aid on a continuing or emergency basis, using needs of hypothetical clients, as diagnosed in Unit VIA, as points of reference. The approach depends upon the resources file. If it is completed, it can be surveyed for services of agencies to match needs diagnosed for each hypothetical inquiry. If not, perhaps the list of subject file headings will be available as a starting point. If not, discuss whether the examples of potential sources of help in the list below are available locally, expanding the discussion to include other local services. Refer back to the example of the lost SSA check in Unit IIIB, on interviewing skills where informal resources were discussed.

On-going financial assistance:
- Social services or welfare department, all services
- Railroad Retirement
- Veterans Administration
- Union--pensions, health and welfare fund
- Unemployment Compensation
- Workmen's Compensation
- Private employers' pension plans
- Criminal Injuries Compensation

Emergency assistance:
- Salvation Army
- Red Cross
- Union--strike pay
- Travelers Aid Society
- Church-supported agencies for members of a particular religious faith

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discuss for each hypothetical inquiry all potential sources for help in the community for the client needing continuing or emergency financial aid, using resources file or subject file headings, if available.

REVIEW: Emphasize need for familiarity with (1) resources file, especially subject file headings, to locate all potential sources of help; and (2) informal sources of help, such as a local church which stocks food.

Unit VIIB: INCOME MAINTENANCE; EMERGENCY ASSISTANCE--REFERRAL

OBJECTIVE: To acquire skill in referring the client effectively to an appropriate source of help in the community for continuing or emergency financial assistance.

BACKGROUND: Unit III source material on I&R interviewing skills. CM 9303.2 and 9303.5

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs diagnosed in Unit VI and available community resources identified in Unit VIA. Through role playing or discussion, guide matching of client needs with specific service(s) of specific agency(ies), considering: accessibility of service to client; eligibility requirements; and acceptability of type or source of help to client, or ways to bring him to accept help which exists rather than what he wants (see Unit III source material on interviewing and example of lost SSA check). Also work through what explanation needs to be made to client to facilitate his successful follow-through on referral: Are these special agreements between the agency involved and SSA for handling referrals? Does he need to take specific information or documents to apply for service? Will he have to wait a long time when he goes to the agency to apply? Does he have to go in person? Are some hours better than others? Will the help be provided immediately or how long will he have to wait? Lead discussion identifying gaps in services of community; that is, are there services which might have helped one or more of the hypothetical clients, but which do not exist in this particular community? Point out procedure for calling these gaps to the attention of the SSA office manager.

PARTICIPATION: Discussion or role playing of hypothetical inquiries to evaluate effective ways to assure that the client makes use of services provided by agencies and organizations in the community to alleviate his problem.

REVIEW: Stress importance of interviewing techniques in "closing" referral as well as in diagnosing needs of client.

Unit VIIIA: HOUSING--RESOURCES

OBJECTIVE: To identify resources which exist in the community to help clients with problems concerning housing.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION:

1) Arrange for a speaker from the local housing authority, if one exists, or a representative of a nonprofit corporation sponsoring housing if there is one in the SSA service area. Ask that he describe the overall local housing situation from the standpoint of the household seeking housing, including the availability of housing units for large households, application procedures, waiting lists, and administrative interpretations of eligibility requirements (the requirements themselves and other technical information should be available to workers in written form, but not discussed in detail).

2) Lead brainstorming session on housing and related resources which exist in the community, both short- and long-term, using needs of hypothetical clients, as diagnosed in Unit VIB, as points of reference. The resources file should be surveyed, and additional information needed to make a referral should be identified and located. Listed below are several potential resources for referral or subjects to seek information on, where applicable locally:

F.H.A. programs for low-income, middle-income, and aged households, both rental and sales housing

Housing Authority or department of housing projects

Nonprofit housing sponsors
local laws and agencies dealing with discrimination in sale or rental of housing

Building inspection department or housing code enforcement agency

Health department, sanitary enforcement section

Family counseling agencies

Emergency shelter: Red Cross, Salvation Army, department of social services or welfare

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discuss for each hypothetical inquiry all potential sources of help in the community, using the resources file and supplementary materials.

REVIEW: Emphasize need for familiarity with the resources file, especially subject file headings.

Unit VIIIB: HOUSING--REFERRAL

OBJECTIVE: To acquire skill in effectively referring the client with problems concerning housing--which may include non-housing needs when emergency shelter is required--to an appropriate source of help in the community.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs diagnosed in Unit VIB and available community resources identified in Unit VIIIA. Through role playing or discussion, guide matching of client needs with specific service(s) of a particular agency(ies), including ways to present alternative solutions to the client, when applicable, and preparing the client to make use of the most appropriate resource(s). If there is a lack of housing units for large families or emergency shelter, point out the procedure for calling these and other such gaps in community services to the attention of the manager and for ingenuity on the part of the interviewer.

PARTICIPATION: Role playing or discussion of hypothetical inquiries to evaluate effective ways to refer client to services provided by agencies and organizations in the community for help with housing and related problems, an area where resources may be scarce.

REVIEW: Stress importance of interviewing techniques in "closing" referral as well as in diagnosing needs of client and emphasize that the scarcity of housing resources may tax the interviewer's ingenuity.

Unit IXA: HEALTH SERVICES; MEDICAL ASSISTANCE PROGRAM; NURSING HOMES--RESOURCES

OBJECTIVE: To identify resources which exist in the community to meet the client's needs in the area of health services, the Medical Assistance Program, and nursing homes.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION:

1) Arrange for a speaker to present information about available health resources and the experience of the client in making application for assistance or services. Someone knowledgeable about all three areas -- health services, the Medical Assistance Program, and nursing homes--should be sought, perhaps the administrator of the Medical Assistance Program in the SSA service area or a spokesman for the local health department with particular knowledge about the Medical Assistance Program and geriatric services. It would be helpful if the speaker could describe the step-by-step experience of an applicant for the Medical Assistance Program and discuss the eligibility requirements only in general terms. (Income eligibility tables and other technical information should be obtained for interviewer's use in making referrals. Medical Assistance Program eligibility requirements and benefits vary from state to state, and interviewers in an SSA service area covering more than one state should have information for both.) In addition, the speaker should be asked to specify procedures for admission of clients under the Medical Assistance Program to nursing homes, including any requirements for medical evaluation and certification for a specific level of care; e.g., an extended care bed.

2) Lead brainstorming session on health resources which exist in the community, using needs of hypothetical clients, as identified in Unit VIC, as points of reference. The resources file should be surveyed, and additional information necessary to make a referral should be pinpointed. Listed below are several potential resources for referral or subjects to seek information on, where applicable locally:

Medical Assistance Program
Health department, including public health nurses
Medical society
Private physicians' registries
Dental society
Hospitals, including clinics and pharmacies
Counseling services
Homemaker-home health aide services
Meals-on-Wheels
Nursing home registry (of available beds by category of care)
Visiting Nurse Association
AARP-NRTA drug discount programs (American Association of Retired Persons--National Retired Teachers Association)

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discuss for each hypothetical inquiry all potential sources of help in the community, using the resources file and supplementary materials.

REVIEW: Emphasize need for familiarity with the resources file, especially subject file headings, and special requirements for Medical Assistance Program benefits and nursing home placements.

Unit IXB: HEALTH SERVICES; MEDICAL ASSISTANCE PROGRAM; NURSING HOMES--REFERRAL

OBJECTIVE: To acquire skill in referring clients who need assistance in obtaining health services to appropriate sources of help in the community, taking into consideration the client's ability and willingness to make use of the referral.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs identified in Unit VIC and available community resources identified in Unit IXA. Through role playing or discussion, guide matching of client needs with specific service(s) of a particular agency(ies), including ways to present alternative solutions to the client, when applicable, and preparing the client to make use of the most appropriate resource(s). Emphasize the necessity for a good working knowledge of certain programs, in particular the Medical Assistance Program and local provisions for nursing home placements, for an interviewer to make effective referrals. An interviewer would rarely refer a client to a particular nursing home, but rather to an agency or service which deals with nursing home placements. If services are identified which might have helped if they existed in the community, point out procedure for calling such gaps in community services to the attention of the manager.

PARTICIPATION: Role playing or discussion of hypothetical inquiries to evaluate effective ways to refer client to services provided by agencies and organizations in the health field.

REVIEW: Reiterate the importance of interviewing techniques in "closing" referral as well as in identifying needs of client and stress the necessity for interviewers to be knowledgeable about the major health programs in the community in order to make effective referrals of clients who need assistance.

Unit XA: HOSPITAL AND HEALTH EQUIPMENT; REHABILITATION SERVICES--RESOURCES

OBJECTIVE: To identify resources in the community to meet needs of clients for rehabilitation services, health appliances and equipment, and related services.

BACKGROUND: Unit III source material on resources file and supplementary material.

PRESENTATION: Lead brainstorming session on potential resources in the community to meet needs for rehabilitation services, health appliances and equipment, and the like, using needs of hypothetical clients, as diagnosed in Unit VID, as points of reference. The resources file should be surveyed and additional information needed to make a referral should be identified and located. It is likely that no readily available sources of help will be located for some of these needs. In these cases, emphasize creativity in tracking down informal resources and in meeting ancillary needs to alleviate the problem for which help is requested.

Point out the many possible needs for rehabilitation services and health appliances which can be identified in the process of working with a disabled claimant. While some claimants are automatically referred to the Vocational Rehabilitation Division, others are not, nor are family members or other SSA beneficiaries who are not DIB claimants.

Some of the programs and sources which can be helpful include:

Medical Assistance Program
Medicare
Vocational Rehabilitation Division, state education department
State health division for handicapped children
Easter Seal Society Treatment Centers
Visiting Nurse Association

Loan closets (for health appliances, hospital beds, and the like)
Veterans' groups
Lions Club and similar organizations
New Eyes for the Needy
Church groups

PARTICIPATION: Research and discussion of community resources pertinent to each hypothetical inquiry, utilizing the resources file and related reference materials. Brainstorming to develop creative solutions when services are lacking in the community.

REVIEW: Emphasize the importance of the subject file, index in the resources file and of the feeding of information into the file when new resources are discovered.

Unit XB: HOSPITAL AND HEALTH EQUIPMENT; REHABILITATION SERVICES--REFERRAL

OBJECTIVE: To acquire skill in referring clients who need rehabilitation services, health appliances and equipment, and related services to appropriate community resources.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs diagnosed in Unit VID and available community resources identified in Unit XA. Through role playing or discussion, guide matching of client needs with specific service(s) of a particular agency(ies), including ways to present alternative solutions to the client, when applicable, and preparing the client to make use of the most appropriate resource(s). Special attention can be given to the hypothetical inquiry indicating need for dialysis equipment to keep a kidney-diseased patient alive, assuming that such equipment is not available in the community or is prohibitively expensive. Role playing of this interview may help employees to face their own emotional reactions to such a situation and develop skill in helping the client and his family to cope with an unsolved problem. Point out the need for calling such gaps in community services to the attention of the manager.

PARTICIPATION: Role playing or discussion of hypothetical inquiries to evaluate effective ways to refer client to services provided by agencies and organizations in the community or to exercise creativity when readily available resources are lacking.

REVIEW: Stress importance of the interviewing skills in making referrals, particularly in the hypothetical situation where a person's life is at stake and the needed resource cannot be obtained.

Unit XIA: CHILD AND FAMILY SERVICES--RESOURCES

OBJECTIVE: To identify resources which exist in the community to help clients in the areas of child welfare and family services, taking into account health, legal, and related problems.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION:

1) Arrange for a speaker from an agency in the community who has broad knowledge of the range of available resources, such as the protective services supervisor of the local department of social services or welfare. He should be asked specifically to speak about the laws of the community regarding subjects such as child abuse, protective services, court custody, rape, incest, abortion, adoption, and the rights of minors with regard to receiving medical treatment without the knowledge of parents. He also should be asked to discuss procedures for obtaining services in these sensitive areas, so that the interviewers will better be able to prepare clients in making referrals.

2) Lead brainstorming session about agencies in the community which are potential sources of help to clients in the fields of child welfare and family services, using needs of hypothetical clients, as diagnosed in Unit VIE, as points of reference. The resources file should be surveyed for sources of help, and additional information needed to make a referral should be identified, such as local laws, including recent changes. Several potential sources of help and/or subjects to seek information on are:

Child welfare services and protective services of department of social services or welfare
Venereal disease clinics
Abortion counseling services
Adoption agencies

Laws on rape, incest, abortion, adoption, child abuse, and neglect

"Street language" (A helpful book is The Underground Dictionary, Eugene E. Landry, Ph.D., New York, Simon & Schuster, 1971; Touchstone Paperback edition, $1.95.)

Legal services (Legal Aid, Lawyer referral service of Bar Association)

Pregnancy testing

Family casework agencies

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discuss for each hypothetical inquiry all potential sources of help in the community for child welfare, and family problems, using the resources file and other information, keeping in mind protection of the client's legal rights and confidentiality.

REVIEW: Stress need for information which may not be contained in the resources file; e.g., recent changes in local laws, in assessing help available for child welfare and family problems.

Unit XIB: CHILD AND FAMILY SERVICES--REFERRAL

OBJECTIVE: To acquire skill in referring the client effectively to an appropriate source of help in the community for problems in the areas of child and family services.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs diagnosed in Unit VIE and available community resources identified in Unit XIA. Through role playing or discussion, guide the referral process through presenting alternative solutions to the client and preparing the client to make use of the most appropriate resource(s), which, in some cases, may be a counseling agency. If services are identified which might have helped if they existed in the community, point out the procedure for calling such gaps in community services to the attention of the manager.

PARTICIPATION: Role playing or discussion of hypothetical inquiries to evaluate effective ways to assure that client makes use of services provided by agencies and organizations in the community to alleviate his problem.

REVIEW: Stress importance of interviewing techniques, particularly in handling sensitive subjects, protecting the confidentiality and rights of the client, and the possibility of referrals to professional counseling services in cases where problems are too complex even to diagnose needs adequately.

Unit XIIA: DRUG ABUSE; COURT SYSTEM; LEGAL SERVICES--RESOURCES

OBJECTIVE: To identify resources which exist in the community to help clients with problems involving drug abuse, youth services, the court system, legal services, and related matters.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION:

1) Arrange for a speaker from an agency in the community who has broad knowledge of resources in these fields, such as a representative of the Legal Aid Bureau, a coordinator of drug abuse services for a local or state department of health or mental hygiene, or a physician or social worker active in drug abuse treatment programs in the community. He should be asked to speak specifically about the following subjects: eligibility requirements and waiting period for drug treatment services; drug laws; the age below which parental consent is required for drug or medical treatment; the legal definition of "minor"; the difference in court procedures for minors and adults; income eligibility requirements for Legal Aid Bureau (if one exists) and for court-appointed lawyers; counseling services, clinics, and hot lines specifically for youth.

2) Lead brainstorming session on resources existing in the community to help with drug and legal problems, particularly those directed toward youth, using needs of hypothetical clients, as diagnosed in Unit VIF, as points of reference. The resources file should be surveyed, and additional information needed to make a referral should be identified, such as recent changes in laws and services; youth counseling services change frequently. Several potential sources of help and/or subjects to seek information on are:

Legal services, such as Legal Aid, lawyer referral service of Bar Association
Court structure
Drug abuse treatment/counseling programs
Drug abuse-related problems: prostitution, crime, addicted newborn infants, overdoses and "bad trips," family crises, and school problems
Laws on drug use, possession, sale
Residential treatment centers
Youth counseling services
Hotlines and switchboards
Hospitals: general, mental, special
"Street language" (See The Underground Dictionary)
Youth clinics

PARTICIPATION: Under #1 above, questions to speaker and discussion. Under #2 above, discussion for each hypothetical inquiry of all potential sources of help in the community, using the resources file and other information with emphasis on legal rights and protecting confidentiality of the client.

REVIEW: Emphasize need to consider legal rights of juveniles, recent changes in laws, and protection of confidentiality of client, even in making inquiries on his behalf.

Unit XIIB: DRUG ABUSE; COURT SYSTEM; LEGAL SERVICES--REFERRAL

OBJECTIVE: To acquire skill in referring the client effectively to an appropriate source of help in the community for problems in the areas of drug abuse, youth counseling, legal services, and related matters.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs diagnosed in Unit VIF and available resources identified in Unit XIIA. Through role playing or discussion, guide the referral process through presenting alternative solutions to the client and preparing the client to make use of the most appropriate resource(s), which in some cases may be a counseling agency. If services are identified which might have helped if they existed in the community, point out the procedures for calling such gaps in community services to the attention of the manager.

PARTICIPATION: Role playing or discussion of hypothetical inquiries to evaluate effective ways to assure that client makes use of services provided by agencies and organizations in the community to alleviate his problem.

REVIEW: Stress importance of interviewing techniques, particularly in handling sensitive subjects, protecting the confidentiality and rights of the client, and the possibility of referrals to counseling services in cases where problems are too complex even to diagnose needs adequately.

Unit XIIIA: ALCOHOLISM; MENTAL HEALTH--RESOURCES

OBJECTIVE: To acquire skill in locating resources in the community to meet the needs of the client who is either alcoholic or mentally ill.

BACKGROUND: Unit II source material on resources file and supplementary material.

PRESENTATION: Using diagnosed needs in Unit VIG of hypothetical clients as points of reference, the resources file should be surveyed, and additional information needed to make a referral should be identified. Listed below are several resources for referral or subjects to seek information on, where applicable locally:

- Mental health clinics
- Alcoholism clinics
- Halfway houses for alcoholics and for mental patients
- Self-help groups, such as Alcoholics Anonymous, Al-Anon, Alateen, and Recovery, Inc.
- Rehabilitation services
- Family counseling agencies
- Mental hospitals, public and private
- Laws on alcoholism, mental illness, and commitment procedures

PARTICIPATION: Matching of appropriate resources to needs diagnosed for clients in hypothetical inquiries in Unit VIG, role playing or discussion to diagnose needs and seek appropriate resources to meet these needs in this unit.

REVIEW: Stress perceptive diagnosis of needs and location of appropriate resources to meet these needs using the resources file and supplementary reference materials.

Unit XIIIB: ALCOHOLISM; MENTAL HEALTH--REFERRAL

OBJECTIVE: To acquire skill in referring alcoholic or mentally ill clients to community resources to meet their needs.

BACKGROUND: Unit III source material on I&R interviewing skills.

PRESENTATION: Present hypothetical inquiries, one by one, reviewing needs and community resources identified to meet needs in Unit VIG. Through role playing or discussion, guide process of referring the client to appropriate services, pointing out that the alcoholic or mentally ill person frequently resists help. The interviewer may have to deal with a member of the sick person's family, who may or may not be able to persuade him to undertake treatment. More often, the police or a legal commitment procedure may have to be resorted to by the family. For an SSA beneficiary who is unable to manage his affairs, the interviewer may find it advisable to seek appointment of a Representative Payee. Where no SSA-related program is involved, the interviewer may be able to do little more than inform the family about available facilities and procedures. Referring them to an alcoholism or mental health counselor or self-help group may be of real help, even though the patient himself refuses to go, because the family may learn better how to deal with the problem and how they can help him. Note procedure for reporting gaps in community services to the manager.

PARTICIPATION: Role playing or discussion of the referral appropriate for each of the hypothetical inquiries.

REVIEW: Stress the difficulties in making referrals when dealing with clients who are unwilling or unable to utilize available resources because of their illness.

Unit XIV: I & R INTERVIEWING SKILLS -- FILM
TELL ME WHERE TO TURN

(Optional)

(available from Regional Commissioner's office or State Health Department)

OBJECTIVE: To summarize an overall understanding of the information and referral function.

PRESENTATION: Showing of the film Tell Me Where To Turn, suggesting special attention be paid to the way in which interviewing and information-gathering for special situations are handled. The film requires 26 1/2 minutes. Refer to Unit III source material on interviewing skills as well as CM 9303.2 and 9303.5. Point out, however, that we are concerned with interviewing skills and not the role of a social worker.

PARTICIPATION: Observe him.

REVIEW: Call attention to the importance of this film illustrating information and referral in action, particularly the interviewing skills, including exploration of problems which the client did not initially ask help for, and the frequent need to get more information and call the client back.